

EXTRAORDINARY ACUPUNCTURE

101 Edward Street, Burlington, WI 53105
773-677-8458

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been provided by Extraordinary Acupuncture the “Notice of Privacy Practices”:

- The Notice of Privacy Practice informs me how Extraordinary Acupuncture will use my health information for the purposes of my treatment, for the payment for my treatment, and for the operation of health care services at Extraordinary Acupuncture.
- The Notice explains in more detail how Extraordinary Acupuncture may use and share my health information in circumstances other than treatment, payment, and health care operations.
- Extraordinary Acupuncture will also use and share my health information as required/permitted by law.

Patient’s Complete Legal Name: _____
(please print)

Patient’s DOB _____ Date: _____

Signature: _____
(Patient or legal representative*)

*May be requested to show proof of representative status